GEORGIA DEPARTMENT OF COMMUNITY HEALTH

SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS PA SUMMARY

PREFERRED	All generic products except Venlafaxine ER tabs, Budeprion SR (PA required), Budeprion XL Bupropion HCL (ER, SR; PA required for 100 and 150 mg strengths; PA not required for 200 mg strength), Maprotiline HCL, Mirtazapine, Mirtazapine ODT, Nefazodone HCL, Trazodone 50mg/100mg/150mg, Venlafaxine (IR, ER capsules)
NON-PREFERRED	All brands with generics available unless otherwise noted, Aplenzin, Cymbalta, Desvenlafaxine ER, Forfivo XL, Oleptro, Pristiq, Savella, Trazodone 300mg, Venlafaxine ER tablets (branded or generic), Wellbutrin SR (100 mg, 150 mg)

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Current Cymbalta users are grandfathered on their medication.

PA CRITERIA:

For Aplenzin

- Physician must submit a written letter of medical necessity stating the reason(s) that at least two of the preferred medications (one of which must be budeprion XL 300mg) are not appropriate for the member.

For budeprion/bupropion SR (Wellbutrin SR 100 mg, 150 mg)

- Approvable for major depressive disorder.
- Brand Wellbutrin SR requires physician to submit a written letter of medical necessity stating the reason(s) that generic budeprion/bupropion SR and at least one other preferred medication is not appropriate for the member.

For Cymbalta

- For the diagnoses of major depressive disorder or generalized anxiety disorder, member must have experienced allergies, contraindications, drug- drug interactions, history of intolerable side effects, or ineffectiveness to at least two preferred products (one of which must be venlafaxine IR or venlafaxine ER capsules).
- For the diagnosis of diabetic peripheral neuropathy, member must have experienced allergies, contraindications, drug-drug interactions, history of intolerable side effects, or ineffectiveness to a preferred anticonvulsant (gabapentin or Lyrica) and a preferred antidepressant (amitriptyline or venlafaxine)
- In addition, Cymbalta is not approvable for chronic musculoskeletal pain or fibromyalgia.

For Forfivo XL

- Approvable for major depressive disorder when 300mg/day or greater dose (up to 450mg/day) of bupropion has been used for at least two weeks
- In addition, physician must submit a written letter of medical necessity stating the reason(s) that the preferred once-daily strengths of budeprion

XL 300mg and 150mg (as two separate prescriptions) are not appropriate for the member.

For Oleptro

- Physician must submit a written letter of medical necessity stating the reason(s) that the regular-release strengths of trazodone 50mg, 100mg, or 150mg tablets cannot be used.

For Desvenlafaxine ER or Pristiq

- Physician must submit a written letter of medical necessity stating the reason(s) that at least two of the preferred medications (one of which must be generic venlafaxine ER capsules or generic venlafaxine IR) are not appropriate for the member. If generic desvenlafaxine ER is approved, the prescriber will be asked to change the prescription to brand-name Pristiq.

For Savella

- Approvable for fibromyalgia

AND

- Member must have experienced allergies, contraindications, drug-to-drug interactions, history of intolerable side effects, or ineffectiveness to at least two of the following preferred medications (one of which must be Lyrica): amitriptyline, cyclobenzaprine, fluoxetine, gabapentin, Lyrica, or tramadol.

For Trazodone 300mg

- Physician must submit a written letter of medical necessity stating the reason(s) that the regular-release 150mg tablets (x2) cannot be used in place of the 300mg tablets.

For Venlafaxine ER tablets (branded or generic)

- Physician must submit a written letter of medical necessity stating the reason(s) that at least two of the preferred medications (one of which must be venlafaxine ER capsules) are not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and Appeal Process:

- For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.